

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/550217

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		1		1		
5		1		1		
6		2		2		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11		1		1		
12		2		1		
13		3		1		
14		2		1		
15		2		1		
16		1		1		
17		1		1		
18	1					
19		2		1		
20		0		1		
21		0		1		
22		0		1		
23		1		1		
24				1		
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49						
50						
TOTAL IND.	2		6			
TOTAL DEP.	29		11			
TOTAL CLAIMS	31		17			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

P. HANDEL